

CRIME VICTIMS' COMPENSATION

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ELIGIBILITY CHECKLIST

The following questions will help you determine if you are eligible for compensation from the Missouri Crime Victims' Compensation Fund. Check the statements which are true. If you cannot answer "Yes" to all statements, you may not be eligible for compensation. Complete the attached claim form and mail it to the Crime Victims' Compensation Unit to determine eligibility.

- ☐ Yes ☐ No 1. The incident occurred in Missouri; or, you are a Missouri resident injured in a state with no compensation program; or, you are a Missouri resident injured outside of the United States by an act of terrorism.
- ☐ Yes ☐ No 2. This incident was reported to police within 48 hours of its occurrence or is a child sexual assault or abuse case and was reported within 48 hours of discovery.
- ☐ Yes ☐ No 3. This claim is being filed within two years of the incident or within two years of the report to the police in child abuse cases.
4. The claimant is a:
- ☐ a. victim;
 - ☐ b. guardian or a minor or an incompetent victim;
 - ☐ c. relative of a sexual assault victim requiring counseling in order to better assist the victim in their recovery;
 - ☐ d. family member of a deceased victim assuming responsibility for the medical and/or funeral expenses;
 - ☐ e. surviving family member of a deceased victim requiring counseling as a direct result of the death of the victim (surviving family member must have been living with the victim at the time of the crime, if victim is deceased); or,
 - ☐ f. dependent of a deceased victim of crime.
- ☐ Yes ☐ No 5. The victim suffered physical and/or psychological injury or death as a result of a crime, or in a reasonable attempt to prevent a crime, or in an effort to apprehend an individual suspected of committing a crime.
- ☐ Yes ☐ No 6. The victim was employed at the time of the crime and incurred lost time that was not compensated by employer.
- ☐ Yes ☐ No 7. The deceased victim was employed at the time of the crime and there is/are surviving dependent(s).
- ☐ Yes ☐ No 8. The claimant and/or victim cooperated with law enforcement officials during their investigation and prosecution (where prosecution occurred).
- ☐ Yes ☐ No 9. This claim is **not** for property loss.
- ☐ Yes ☐ No 10. Out-of-pocket loss (medical, counseling expenses, etc.) has not or will not be paid in full by other sources (insurance, restitution, etc.).
- ☐ Yes ☐ No 11. The victim has not been convicted of two (2) felonies within the past ten (10) years.
- ☐ Yes ☐ No 12. The claimant and/or victim was not an accomplice to and did not commit a crime in connection with this incident.
- ☐ Yes ☐ No 13. This claim is **not** for pain and suffering.
- ☐ Yes ☐ No 14. If the incident involved an automobile, the person who committed the act intentionally hit the victim or was charged with driving while intoxicated.
- ☐ Yes ☐ No 15. The incident involved the application of force or violence or the threat of force or violence by the offender upon the victim, including the crime of driving while intoxicated, involuntary manslaughter or hit and run.

Failure to fully complete the attached application and authorization may result in a delay in the processing of your claim.

A photocopy of the completed application will not be acceptable.